

At Edmond's First Baptist Church, we don't want a lack of funds to keep you from attending an event. Please complete the following scholarship application to help determine need. Typically, we can provide some form of scholarship based on need for events. All information is confidential and we will make every effort to help.

Scholarships are provided using the following formula as a guide:

1. Parents will be asked to share in responsibility by paying 1/3 of cost.
2. Recipient will be asked to share in responsibility by working towards 1/3 of cost.
3. Church will be asked to share in responsibility by giving 1/3 of cost.

### Contact Information

Student's Full Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Scholarship Information

1. Event for which you are requesting scholarship: \_\_\_\_\_

2. Are there any special circumstances in your family that have resulted in your need for financial assistance (loss of job, illnesses, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you attended EFBC? \_\_\_\_\_ Are you a member?  yes  no  
(Scholarships are provided for church members and non-members)

4. Amount of scholarship requesting: \_\_\_\_\_

5. Days available to work: \_\_\_\_\_

\_\_\_\_\_  
(signed) (date)

\_\_\_\_\_  
(parent's signature) (date)

For Office Use Only:
Date received: _____
Amnt paid: _____
Total scholarship: _____
Approval: _____
_____
_____
_____